

NATIONAL Mental Health Committee

16 PAGES

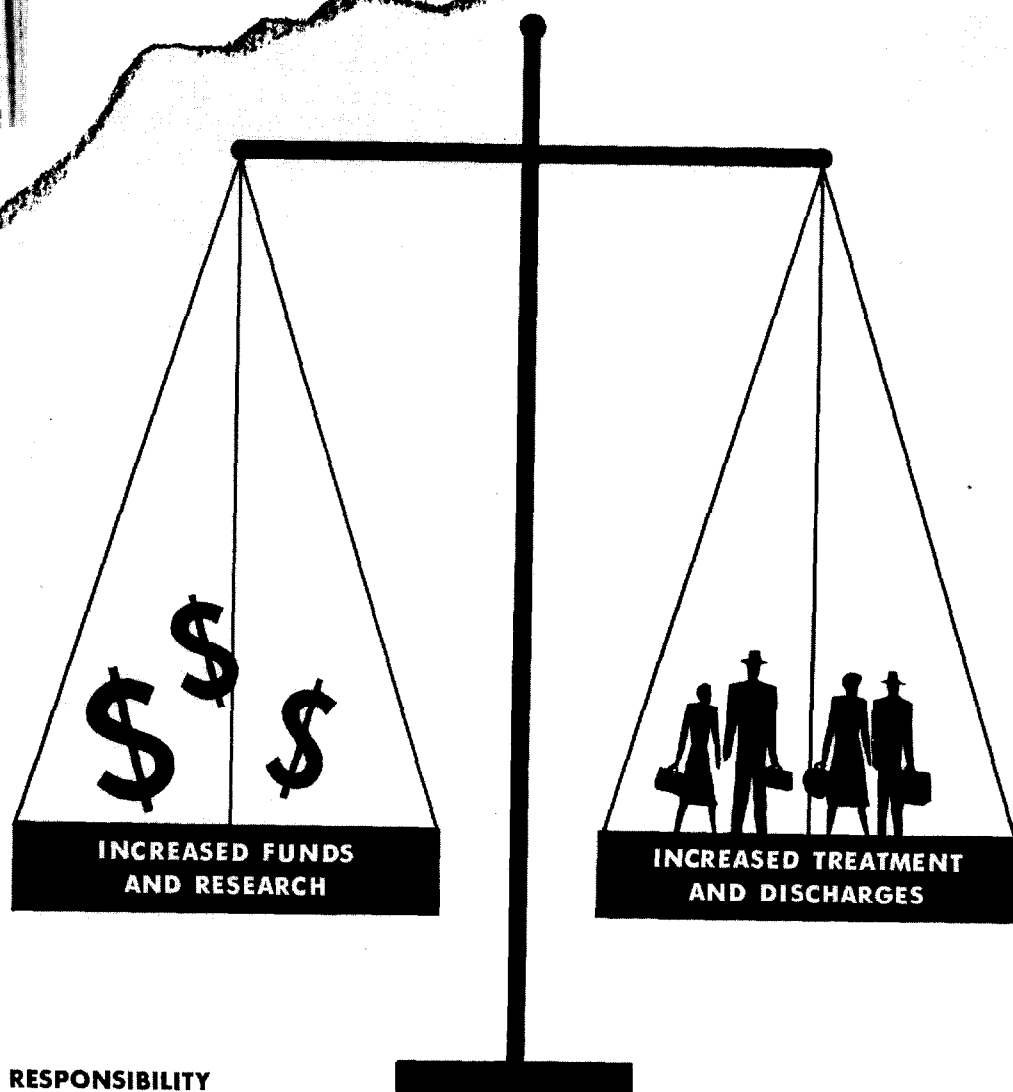
1957

PAGE 1

HAS INTENSIVE THERAPY PAID OFF?



A state-by-state report on where we stand in the fight against mental illness



A BALANCED PROGRAM IS YOUR RESPONSIBILITY

WHY A REPORT?

This report has been compiled to answer some of the questions raised by state legislators as to how the money, which they so generously appropriated for mental health, has been spent during the past biennium. It also forecasts some of the problems which lie ahead, with particular emphasis upon the appropriations which these problems will require.

A recent publication of the Council of State Governments gives a dramatic reply to our initial question, "Has intensive therapy paid off?" and the statistics included are of such significance that they provide the basis for the introductory summary which follows.

MIKE GORMAN, *Executive Director*
NATIONAL MENTAL HEALTH COMMITTEE

INTRODUCTION: A NATIONAL SUMMARY—DECEMBER 1956*

Report on a Decade of Progress

A Receding Wave . . .

At the close of 1956, for the first time in history, there was a reduction under that of the previous year in the number of resident patients in state mental hospitals. This reduction amounted to approximately 7,000 under the resident patient figure at the close of 1955.

The decrease is particularly remarkable when one notes that 1956 was a record year for admissions—approximately 186,000 mental patients were admitted in 1956 as against 178,000 in 1955, and only 115,000 in 1945. It is also significant when one considers that since 1945, when figures on mental hospital population were first collected on a national scale, there had been an average increase of 9,400 patients each

year in the total mental hospital load. Thus, in the short period of a decade (1945-1955), state legislatures were faced with the task of financing the construction and maintenance of 94,000 new beds.

That the 1956 reduction was no statistical fluke is obvious when it is noted that 34 states and the District of Columbia reported mental hospital populations under those of 1955. (See table on page 16.)

What Turned the Tide . . .

There is no single answer to this question. However, the following data offer solid evidence that one answer can be found in the yearly increases in state legislative appropriations. These increases have finally achieved the cumu-

lative force needed to reverse the seemingly inevitable rise in mental hospital populations.

Increased Appropriations

1. In 1945, the average daily expenditure on each mental patient was \$1.06. In 1956, this had risen to \$3.26, a considerable increase even when rising living costs are taken into account. However, the figure is low when compared with the \$8.99 spent by the Veterans Administration (in 1955) for the daily care of mental patients.

More Full-Time Employees

2. In 1945, there was one full-time employee for every 6.8 patients. In 1956, there was one full-time em-

*Statistics used in this introductory summary were obtained from "Selected Tables on Resident Population, Finances and Personnel in State Mental Health Programs"—December, 1956. Interstate Clearing House on Mental Health, Council of State Governments.



Interview:

With Dr. Winfred Overholser, Superintendent of St. Elizabeths Hospital, Washington, D.C. and former president, American Psychiatric Association.

Dr. Overholser, many state legislators are looking for more information concerning requests for increased appropriations for mental health. They feel responsible for expenditures of the taxpayers' money and often they are questioned about the necessity for increasing the mental health budget. The questions we are asking you here are questions that legislators are asking. They need to know the answers to vote intelligently and to help the taxpayers to understand where their money is going, so far as mental health is concerned.

Q. Are there more mentally ill people being admitted to hospitals in our country today than formerly, or, is there a decline?

A It is difficult to give a precise answer. We do have statistics, however, that show that the number of admissions is increasing.

Q Is this a large increase?

A Yes, it is, and the reason has to do with the fact that more people are living to a greater age than ever before. There has been a tremendous rise in the population of people over 50.

Q Does this mean that the longer one lives, the more chance he has of becoming mentally ill?

A Yes, unfortunately that is the case.

Q How much of a load does the necessity of providing for the aged who are mentally ill, place on hospitals?

A A substantial extra load is placed on our hospitals. At present about 30 per cent or more patients in mental hospitals fall into the group of senile and arteriosclerotic.

TRANQUILIZING DRUGS

Q How about the tranquilizing drugs, chlorpromazine and reserpine—were they in more general use during 1956 than in 1954 and 1955?

A While I have no general figures, I can say that these drugs have certainly been in wider use in St. Elizabeths.

Q Do you consider that a substantial increase in the budgets of each mental hospital is necessary in order to provide for the use of these drugs?

A Yes, more money is needed to provide for the drugs and for the increased ward personnel which is required to do justice to the patients.

Q What other kinds of treatment are involved to give full benefit or follow-through on these drugs?

A Group therapy, recreational activity, and individual psychotherapy as personnel permits, are all needed for effective follow-through.

(continued on page 14)

A NATIONAL SUMMARY *(continued from page 2)*

ployee for every 3.6 patients. This increase was achieved in spite of a staggering rise in the total number of patients hospitalized.

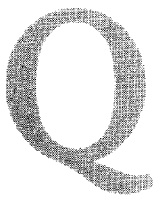
More Trained Psychiatric Personnel

3. The following increases in psychiatric personnel, largely the result of higher salaries and expansion of budgeted positions, are significant evidence of the manner in which legislators gave mental hospitals the treatment potential needed to step up discharge rates:

Personnel	1945	1956	Approximate % increase
Superintendents and Physicians (Including psychiatrists, residents and interns)	1,458	2,659	82
Psychologists and Psychometrists	69	465	574
Social Workers and Field Workers	410	1,280	212
Graduate Nurses	2,583	6,526	153
Other Nurses and Attendants	33,147	77,232	133

All of the foregoing factors, in addition to the advent of newer treatments, led to a decade-long rise in the discharge rate—an increase so gradual that it was frequently obscured by the flood of admissions. In 1945, mental hospitals discharged 123 patients for every one thousand on the books; by 1954, they were discharging 175 patients per thousand. And, in 1956, a number of the top state mental hospitals in the country were discharging from 65 to 80 percent of their first admissions.

This state-by-state report tells how these discharge rates have been attained in many of our hospitals and how they can be surpassed with your help.



THE QUESTION: Briefly, what specific progress or program has been made possible by money appropriated for mental patient care by the last session of your legislature to justify this use of the taxpayer's dollar in your state?

from the East

CONNECTICUT

Increased appropriations have helped to reduce overcrowding in the state's mental hospitals by 50 per cent. This was brought about by the activation of 650 new beds, transfer of a former state tuberculosis sanatorium to the department of mental health, and increase in professional personnel and the intensification of treatment including the use of tranquilizing drugs.

Use of the drugs indicates a more urgent need for more personnel in the clinical services to provide treatment. There is an appreciable increase in the need for additional equipment and treatment facilities in the chronic services. Basic legislation with accompanying funds has provided a constructive beginning for proper state-local relationships in developing community patterns of care and treatment for the mentally ill. Adoption of the interstate mental health compact has resulted in better psychiatric treatment for interstate patients.

John J. Blasko, M.D.
Commissioner
Bureau of Mental Health

DELAWARE

Two years ago our governor and legislature, recognizing the importance of good mental health of the people, increased the appropriations for all three institutions in our state for the mentally ill, emotionally maladjusted, and mentally retarded children and adults, thus permitting the staff to render better services for the care and treatment of those so afflicted.

In doing so, we were able to eliminate restraints, isolation rooms, pack tables, continuous tubs reduced drastically, electro shock treatment, sedatives, and psychosurgical procedures, thus creating a better climate in the hospitals for the

social adjustment of patients, utilizing the new drugs, establishing a training and research division at our hospital, giving more intensive psychotherapy, establishing home placement and enlarging the scope of out-patients services, educating the people, to the extent that we expect the legislature, meeting in January 1957, will further increase the existing appropriations for the next biennium.

A slow but sure progress has been established in our state through better understanding of the people of the state.

M.A. Tarumianz, M.D.
State Psychiatrist
State Hospital

MAINE

More detailed studies are in progress than were at the time of our original report. I can report no remarkable change than that contained in my original advice to the Senate Interim Committee which was: "In our hospitals material destruction has been greatly reduced as well as patient injuries and seclusion. Highly disturbed wards are much quieter and working conditions have improved.

Other forms of treatment, such as electro shock therapy, have been reduced. The new drugs appear to be the most hopeful implement for effective treatment that we have seen in recent years."

Norman U. Greenlaw, M.D.
Commissioner
Department of Institutional Services

MARYLAND

The impact of the newer drugs [the tranquilizers] has brought into clear focus the great and increas-

ing need of costly items. We see in these, the increasing requirements for improved clothing, improved ward furnishings, and all of those items in hospital care which add to the personal hygiene and the personal self-respect of the sick. The cost of the medication itself is relatively picayune in comparison with the cost of other aspects of the program.

Of most importance is the requirement of professional and sub-professional services in medical and all ancillary disciplines—nursing, clinical psychology, social service, and rehabilitations. Without these services being adequate, the very sick will most assuredly regress and the state will be faced, again, within a very few years, with the problems which beset it in the past.

The use of the newer drugs clearly indicates shorter periods of hospitalization for acute illnesses, with consequent decrease in the hospitalized population normally expected and probably the decreased need for expanded hospitals in the future beyond a reasonable general population growth. Their use, however, very definitely demands more active clinics for both follow-up after discharge and for prevention.

Clifton T. Perkins, M.D.
Commissioner
Department of Mental Hygiene

MASSACHUSETTS

Among the items for which the 1957 (summer '56) appropriation was used were expansion of therapeutic personnel and facilities at several hospitals, the institution of a new series of clinics for treatment of offenders before the courts and of inmates of youth service board and department of correction institutions. The mental health promotion clinics were further expanded.

New treatment units are under construction



A

THE ANSWERS: In general, states reported an over-all trend and need for balanced treatment program. Most states emphasized that the impact of the newer drugs has created a need for additional medical personnel and more recreational and occupational facilities. Patients are now being treated rather than simply maintained. Research must be stepped up—children's and out-patient units expanded.

at seven large mental hospitals. A research building was opened in one. Additional funds will be required to staff these new units and to continue to expand the community and court clinic program and more fully implement the geriatric and retarded children programs previously started.

Jack R. Ewalt, M.D.
Commissioner
Department of Mental Health

NEW HAMPSHIRE

In the New Hampshire State Hospital alone during the past two years over a thousand patients have received special psychiatric drugs. This widespread and expanding use of drugs is due to the undeniable effectiveness of several newly developed preparations in alleviating much of the acute distress associated with mental disease. Even more, it is due to the fact that many patients taking the drugs become accessible for participation in other psychiatric programs of treatment, whereas without the medication they shun all attempts to interest them in the world of reality. Because of this [new treatment] we have expanded, and need to further expand facilities, largely personnel, for all activity programs.

We have been able to reverse a population trend of 50 additional patients a year for over 50 years, so that we are requesting no additional patient beds during the next biennium. About twice as many patients are receiving out-patient treatments as was the case a year ago and facilities for this service cannot meet the increasing requirement. Early identification of disease, intensive active treatment, and more adequate follow-up have materially reduced the hospital stay for the great majority of acute

psychiatric casualties in New Hampshire.

Earl K. Holt, M.D.
Superintendent
State Hospital

NEW JERSEY

Re your telegram your question cannot be answered in terms of a single program or specific progress. There is no doubt about the relief of human suffering and the rehabilitation which can be accomplished through the expenditure of funds for mental patient care.

However, when it comes to justifying the moneys so spent this must be done separately for each different aspect of the program, for example: Additional money spent for the expansion of family care placements, for the use of tranquilizing drugs, for the increase of salary levels of professional personnel resulting in improved recruitment. Expansion of community mental health services, extension of training facilities for professional staff, development of research programs, and the establishment of machinery for the on-going evaluation of current methods, all are capable of separate and individual justification.

V. Terrell Davis, M.D.
Director, Mental Health
Dept. of Institutions and Agencies

NEW YORK

New York state legislature in 1956 provided a mental health total operating budget of \$162.3 million, plus \$6.7 million for support of local mental health programs and \$41.5 million for capital expenditures.

This sum included \$2.5 million for research, \$3 million for training, and \$3 million for experimental programs. Experimental programs com-

prised establishment of intensive treatment of patients on admission services of four hospitals with professional and other personnel at A.P.A. Ratio, costing \$1.1 million; establishment of two day-hospital units, \$156,486; four special treatment units for senile patients, \$111,084; funds for tranquilizing drugs \$1.5 million; and a 50 per cent increase in funds for after-care clinics for metropolitan New York City patients to a total of \$882,800. Results from first year of program most encouraging.

Anticipated increase of 2,400 additional mental patients eliminated and further decrease of 600 effected. Cost savings of \$4 million, with potential savings in costs of new beds. Conclusive proof of economic advantage of spending for early treatment and release of patients.

Paul H. Hoch, M.D.
Commissioner of Mental Health
Department of Mental Hygiene

OHIO

Approximately 10 per cent increase mostly personnel. Costs for this biennium have resulted in 10 per cent increase of personnel numbering 1,000. This includes 45 per cent increase doctors, 40 per cent increase social workers, 17 per cent increase clinical psychologists, 12 per cent increase nurse attendants.

Net result to date is as follows: compared to annual pile-up in hospital residential population, average 800 per year for 10 years resulted in decrease of 500. Net difference over previous 10 year average 1,300. This is a significant pay-off.

Other gains due to increased appropriations: 1. Introduction of two psychiatric residency training programs. 2. Increase in community clinics. 3. Expansion special class program for retarded children. 4. Improved education training in schools for retarded. 5. Improved medical surgical care everywhere. 6. Movement into new

PUT

TO

EACH

STATE

BROUGHT

THESE

ANSWERS

from the East (continued)

areas of personnel training. 7. Improvement of business administration practices.

Bond issue: 55 million for division of mental hygiene started picking up bed deficits, making possible balancing existing institution facilities and building some new facilities for children. Above has scratched surface of great needs and shown what can be done. Restated recruitment goals for next two years call for 30 to 50 per cent increase in support costs to continue toward adequate care. Building needs will be approximately one-fourth covered with existing bond issue money.

Leonard P. Ristine, M.D.
Com. Div. of Mental Hygiene
Dept. of Mental Hygiene and
Correction

PENNSYLVANIA

Notable advances in Pennsylvania mental health program resulted from the 150 million budget granted the Department of Welfare for 1955-57. More personnel were engaged at adequate salaries for understaffed hospitals. Patients' care and maintenance were improved. Counties were reimbursed for cost of care for mentally retarded children previously unredeemed by the Commonwealth, additional aid was extended child guidance clinics and new facilities created.

Psychiatric wards were begun in several general hospitals. A Commonwealth mental health center was organized for the Philadelphia region.

Local committees are working to create co-operative program of prevention treatment and cure for other areas and expanded child welfare service also has been started to round out a program meeting the need of the entire person. Contracts for boarding out aged mental patients have helped reduce overcrowded hospitals. Diagnostic and classification centers are being planned to help court and community agency placement.

Capital construction of three new institutions providing 3,000 new beds will give additional facilities for mentally retarded and emotionally disturbed children in an overtaxed state system and [provides] the basis for treatment instead of merely custodial care. The first sizeable state allotment ever earmarked has been given for research and training. A Commonwealth mental health research foundation is now organized and funds allotted to its program.

All this is only a good beginning. Now Pennsylvania must build on the foundation by receiving sufficient funds in 1957-59 to staff our hospitals more adequately, to expand our program of intensive treatment, to implement the results of training and research, to bring the Commonwealth hospital system closer to professional standards of proper treatment and care of the mentally ill.

Harry Shapiro,
Secretary of Welfare
Robert A. Matthews, M.D.
Commissioner of Mental Health

RHODE ISLAND

Retel \$4,133,330 spent for operation of State Hospital in '56, appropriated \$4,674,011 for '57. 1,157 positions authorized for '56 and '57. Salaries increased for nurses this year and same pending for other positions. Total personnel turnover reduced in recent years: in 1953, 477 engaged, 466 terminated. In '56, 341 engaged, 315 terminated.

During fiscal '56 there were 1,491 patient admissions (most in hospital's history)—105 more than in '55. Total separations numbered 1,436—100 more than in '55. Population in hospital 6/30/56 was 3,402 compared to 3,442 in 6/30/55. Greater number of releases possible on trial visit, etc. resulted in this decline. Average daily census was 3,414 in '56. (3,421 during '55.)

Number registered on books of hospital was 4,210 (6/56) compared to 4,155 (6/55) and 4,095 (6/54).

Increasing use of drugs most beneficial. Decrease in destructive and disturbed behavior in resident patients noted. Reorganization of wards possible this year. Need for acute disturbed wards lessened. Disturbed patients now residing in continued treatment service are using general dining room.

132 new beds added in intensive treatment service—almost doubling such capacity. New geriatrics building for women with 312 beds. (Both dedicated 9/56). Geriatrics building with 306 beds for men ready for bids. Accompanying needed service improvements under construction. Cost \$6,000,000 when completed.

Edward P. Reidy, Director
Department of Social
Welfare

VERMONT

There has been an intensification of certain phases of treatment, namely occupational and rehabilitation therapies. In order to supervise the numerous patients sent home while still taking tranquilizing drugs an informal out-patient program was required. Plans now in progress for formal out-patient service. Ratio of discharges to total admissions during last fiscal year is 78.6.

We started using tranquilizing drugs about May 1954. Now about 30 per cent of our patients are receiving these medications. There is no question but that our wards are quieter, the destruction less and seclusion and restraint practically eliminated. We have been able to get quite a number of patients, who have been sick for a varying number of years, back to their homes.

R.A. Chittick, M.D.
Vermont State Hospital

WESTERN UNION TELEGRAM

W. P. MARSHALL, PRESIDENT

1200 (4-55)

CHARGE TO THE ACCOUNT OF

DOMESTIC SERVICE

Check the class of service desired; otherwise this message will be sent as a full telegram

TELEGRAM

DAY LETTER

NIGHT LETTER

INTERNATIONAL SERVICE

Check the class of service desired; otherwise the message will be sent at the full rate

FULL RATE

LETTER TELEGRAM

SHORE SHIP

NO. WDS.-CL. OF SVC.

PD. OR COLL.

CASH NO.

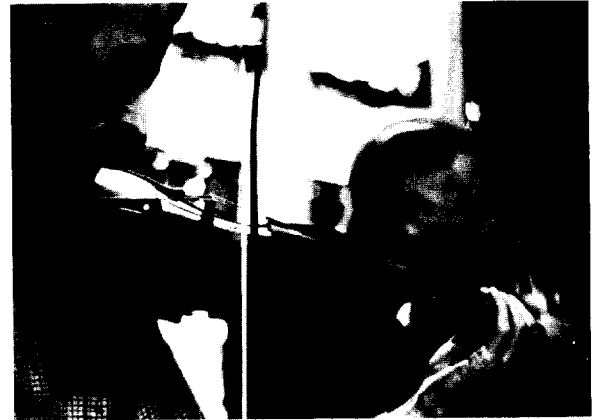
COLLECT

Send the following message, subject to the terms on back hereof, which are hereby agreed

INTENSIVE CARE BRINGS ADDED NEEDS



Cooperative, alert patients are increasing as the result of intensive care. But intensive therapy demands additional psychiatrists, clinical psychologists, and nurses to complete the cycle leading to discharge.



Intensive care requires recreational therapy, occupational therapy, and a more homelike, comfortable atmosphere in mental hospitals. Improved patients can move about more as they take full advantage of a hospital's program.



Out-patient clinics are badly needed to provide after-care for increasing numbers of discharged patients. Indigent patients, unable to receive follow-up psychiatric help, often relapse after leaving the hospital.



As a discharged patient returns to his home and job, he, his family, and perhaps his fellow-workers, appreciate psychiatric guidance so that the patient's return to the outside world will be as pleasant as possible.

*It
all
adds
up!*



NEW DRUGS + ADEQUATE STAFF + ADDED FACILITIES
= MORE DISCHARGED PATIENTS

MORE DISCHARGED PATIENTS + OUT-PATIENT SERVICES
= MORE PEOPLE ABLE TO TAKE THEIR PLACES IN SOCIETY

THESE EXPANDED SERVICES REQUIRE MORE FUNDS

ARIZONA

More appropriations for personnel have been effective in discharging more patients even though admissions have increased. During past two years total population was decreased from 1,790 to 1,639. Better treatment was provided for new admissions and period of hospitalization was reduced so that 50 per cent were discharged within six months.

Increased activity in occupational, recreational and industrial therapies combined with tranquilizing drugs has benefited chronically ill patients, so that 100 were referred for job placement. Social service contacts have increased, resulting in placements of geriatric patients in rest homes. Follow-up care by social service and hospital out-patient clinic has reduced returns.

All these services require additional personnel in order to improve the treatment program, the educational facilities, and research projects. We are requesting an additional one million dollars for the fiscal year 1957-58 for additional personnel in order to meet A.P.A. standards.

Samuel Wick, M.D.

Director

Arizona State Hospital

CALIFORNIA

California's seventy-five million dollar 1956-57 mental hygiene budget was seven million larger than previous years. Increase made possible addition of 1,065 new employees, bringing total to nearly 15,000. Of new employees, 638 required to meet increased workload and 427 to raise level of hospital service.

Among the major increases provided were: three per cent more hospital nursing personnel to improve ward treatment and coverage; six per cent more physicians; three per cent more psychologists; two per cent more rehabilitation therapists; more than double previous year expenditure for tranquilizing drugs; 155 more family care placements, making total 1,067; staffing for 1,276 new hospital beds; addition of departmental research chief and staff to begin coordinated research for hospitals.

Budget based on estimated 21,000 admissions

and 48,200 resident hospital population for year. Rise in therapeutic release rate is strong evidence that increased appropriations to raise level of service in hospital are producing tangible and concrete results. 1955 release rate 25 per cent higher than 1947 and highest of 9 year services.

Walter Rapaport, M.D.

Director Dept. of Mental Hygiene

COLORADO

Reply not received in time for publication.

IDAHO

The patient census in Idaho state hospitals has been decreased from a peak of 20 months ago. This reflects the effectiveness of new drugs and some advance in the use of various other therapies. The hospitals' out-patient programs have become more active.

The above trend can be continued more rapidly with more services available in the communities to assist post hospitalized patients. The total number given psychiatric services is increasing as the period of treatment is shortened.

John L. Butler, M.D.

Director Division of Mental Health
Idaho State Board of Health

MONTANA

Regarding your telegram we advise that for Montana the average daily census has decreased from 1,960 in November 1954 to 1,834 in November 1956 despite increase in admission and readmission rate from 1,269 total admissions for year 1954 to 1,415 total admissions for fiscal year ending June 1956.

We have not had funds available for detailed study of hospitalization periods of former years but we know hospitalization stays are shorter now than in the past. Treatments with new medications are greatly expanded here but further progress in this direction depends on ability

to increase professional staff to meet demands of modern treatment program.

Robert J. Spratt, M.D.

Superintendent

Montana State Hospital

NEVADA

The increase in appropriation covered higher operating costs for supplies and services, enlarged professional staff for direct services to patients and higher cost of maintenance. This has resulted in improved food services, nursing medical attention and recreation activities. It has been reflected in more satisfying experiences for patients, improved public relations and more gratifying turn-over of patient load.

Appropriation for capital outlay for 1955-57 was \$48,000 for modernization of administration building and admission services, \$440,000 for a geriatrics unit. The latter was increased by \$160,000 appropriation from special legislative session in 1956 and \$100,000 of Hill-Burton funds. Hospital was inspected 1956 by Central Inspection Board American Psychiatric Association under a special appropriation of \$1,500.

Sidney J. Tillim, M.D.

Superintendent State Hospital

NEW MEXICO

Since we began to use the tranquilizing drugs in May 1954, more than 2,000 patients have received them and since spring 1955, there has never been less than 52 per cent of hospital population on the drugs. We are supplying them to approximately 300 patients living outside the hospital. Our drug budget is sufficiently ample to permit unlimited use of any and all new tranquilizing drugs by medical staff.

The average daily population has decreased by 13 per cent since January 1954, though rate of new admissions has increased by 42 per cent. The chemotherapy program has brought new hope, not only to patients, but to the hospital staff. A concerted team approach involving early placement on treatment, rapid evaluation, and release as soon as the patient's condition

MORE STATES REPLY TO THE QUESTION....

permits, has proved economical to taxpayers and patients. The next need is additional field social service staff for assistance to patients living out of the hospital.

C.G. Stillinger, M.D.
Superintendent
New Mexico State Hospital

OREGON

Program improvements since last legislative appropriation: two doctors added to staff. Ten per cent of patients given tranquilizing drugs. Psychiatric residency program increased from one to two years. 600 patients moved from warehouse facilities to new ward building. Needs for number of patients increased by over 200. Shortage of tranquilizing drugs. Desire double present amount. Only four minutes doctor's care per week per patient for continued treatment patients numbering over 3,000. Requesting ten additional doctors.

New mental facility near Portland to be opened for 500 patients in January 1960. Need for additional occupational and recreational personnel over the eight allowed due partly to the use of tranquilizing drugs. Must provide level of service which will eliminate annual increase of 100 patients. Each new patient costs the taxpayer \$4,000 or \$5,000 for construction and about \$1,200 per year for care.

Arthur M. Handly
Assistant Secretary
Oregon Board of Control
Oregon State Capitol Building

TEXAS

Progress made in Texas State Mental Health Program in fiscal year 1955-56 since last convention of legislature as follows: Forty-two per cent increase in number of physicians. No increase in fully qualified social workers. One clinical psychologist Ph.D. in system. Some increase in numbers of untrained occupational and recreational therapists.

Pay levels do not attract qualified personnel

at supervisory level. Therefore, no effective training program possible in these areas. Attendant in-service training program quite effective. Nurse technician training program very effective in raising general level of attendant care. Three hundred graduates to present.

Expenditures per day for patient care increased by legislature from \$2.26 to \$2.54. Death rates down. Increased admissions and discharges. Two hundred fifty more discharges than admissions in past two years.

Still need more physicians, social workers, clinical psychologists, occupational and recreational therapists to expand program to include more patients. More and better trained attendants available in most hospitals, but still woefully short.

James A. Bethea, M.D.
Executive Director
State Hospitals & Special Schools

UTAH

The members of the commission have observed the tranquilizing effect of modern medicine and also the great benefit to patients that result from the use of modern facilities and particularly the outstanding benefits resulting from having adequate staff of skilled people to work with the mentally ill.

Our superintendent emphasizes more skilled people must be employed who can continue treatment and give guidance to minds which have been opened by the new medications. We plan to ask the legislature for a greatly enlarged budget for the coming biennium so that a more thorough treatment program may be available for patients in the state hospital.

Ward C. Holbrook, Commissioner
of Institutions
Utah State Public Welfare Com.

WASHINGTON

In answer to your wire, following advances have been made in mental hospital program. Department of institutions has been reorganized

from the West

and placed under professionally trained director. Salaries have been increased and institutional personnel has been reclassified and placed on forty hour work week basis. A new mental health research center, of first unit for psychotic children, new treatment building for 450 patients, and a security building for the criminal insane has been opened.

Average patient population in mental hospital has been falling for more than a year, beginning with year starting July 1955. Decreasing patients population has occurred in spite of increasing state population. We believe that construction of a new mental hospital can be delayed for many years through further improvement in treatment and after-care program.

Additional psychiatrist, clinical psychologist, psychiatric social workers, psychiatric nurses, and rehabilitation therapists are urgently needed. To recruit qualified persons requires further substantial increase in salaries for all levels of sub-positions. Our department plans to request substantial additional appropriation of 1957 legislature.

G. Lee Sandritter, M.D.
Acting Director
Department of Public Institutions

WYOMING

Specific program made possible by taxpayers dollar for mental patient care in Wyoming is establishment of active rehabilitation program for both training and job placement of patients leaving hospital. Expansion of volunteer services and establishment of recreational programs; also building of new medical surgical infirmary and proposed new geriatric building.

It is our opinion that the newer drugs are very valuable, especially Chlorpromazine, Reserpine with the older patients, and Frenquel. The instances of necessity for electroshock therapy has been cut approximately 50 per cent and the instances of patients dismissed from the hospital due to treatment with newer drugs increased about 7 per cent.

Joseph F. Whalen, M.D.
Superintendent
State Hospital

ALABAMA

The slight increase in appropriation from \$1.80 to \$1.90 per day granted by the last legislature together with the relief of \$1.00 per week per patient conditional appropriation for three months of the fiscal year made it possible to decrease the work week for attendants from 48 to 44 hours, the employment of more psychologists and social workers and expenditure of some funds for tranquilizing drugs.

It is necessary that in the great majority of cases funds for the tranquilizing drugs be gained from relatives of patients. Freer use of the tranquilizing drugs would make it possible for more patients to be released but many patients cannot receive the medication on the present appropriation.

J.S. Tarwater, M.D.
Superintendent
State Hospitals

ARKANSAS

Our present operating budget is essentially the same as we had previously. We are asking the '57 legislature for a substantial increase in the budget, both for salaries and maintenance. We are also asking for a building and improvements appropriation of approximately two and one half million.

We are asking for about 200 new positions, mostly in the following fields: doctors, nurses, aides and workers in occupational and recreational therapies. By raising our per diem expenditure from \$2.36 to \$3.18 we feel our discharge rate will be higher and our patient treatment cost in the long run will be lower.

Robert G. Carnahan, M.D.
Acting Superintendent
Arkansas State Hospital

FLORIDA

While the admission rate has steadily increased each year, the actual population gained for the

year that ended June 30, 1956 is far below that of the two previous years. The excellent record made in this last year is attributable mainly to larger medical and psychiatric staff, additional intensive treatment facilities, expansion of social service and therapy staffs, and increased usage of new drugs. All these were, of course, made possible through increased appropriations for salaries and expenses as well as additional buildings and improvements provided by our state legislature.

In recognition of these factors our request for consideration of the coming 1957 legislature includes provisions for further increase in these staff groups as well as certain new facilities essential to the expansion of treatment programs in our two existing institutions. Even with improved facilities and additional personnel, it is most unlikely that we may be able to hold our population gain to the low figure established during the past fiscal year.

Our state population is growing by leaps and bounds, and a large percentage of our admissions are in the advanced age group, in which response to treatment is not nearly as satisfactory as may be expected in the younger age groups.

W.D. Rogers, M.D.
Superintendent
State Hospital

GEORGIA

Appropriation for the treatment of adult mentally ill in Georgia has risen from approximately \$3,000,000 in 1946-47 to approximately \$10,000,000 ending 1955-56. These funds have been used to better house, better clothe, better feed and give better medical attention to patients in the mental institution.

For the same period of time appropriations for the treatment of mentally ill children has been raised from approximately \$150,000 to approximately \$800,000 and used for the same purposes. Additional funds are needed to hire medical personnel, administrative personnel, recreational personnel. Funds are also needed for expanding facilities at both institutions.

Alan Kemper, Director
Georgia State Welfare Department

KENTUCKY

Kentucky 1956 general assembly appropriated approximately one million dollars more per year than had been appropriated previously. This was appropriated primarily for the following purposes: First, to continue the purchase of tranquilizing drugs previously obtained through a grant from the governor's emergency fund; second, to increase personnel on tuberculosis wards of state mental hospital to provide equivalent tuberculosis care to that found in state tuberculosis hospitals; third, to increase the number of doctors, nurses, and psychiatric aides to provide what we call "minimum nursing coverage for treatment".

With the use of new drugs, but particularly with the increase of professional personnel, we have been able to reduce the hospital population in Kentucky for the first time. In the fiscal year ended June 30, 1956, we had 405 fewer patients than at the beginning of the year despite 300 more admissions than in the previous year.

Frank M. Gaines, M.D.
Commissioner
Dept. of Mental Health

LOUISIANA

Progress in mental health program in Louisiana since 1956 legislature includes an appropriation of \$210,000 made for mental health training and research for fiscal year July 1, 1956—June 30, 1957. Act also passed by same legislature providing all collections from mental hospitals and charity hospitals in state go into special fund for mental health training and research.

Agreements made with Tulane University and Louisiana State University Departments of Psychiatry, Psychology, and social work, for expanded training program. Actual grants have been made to School of Social Work and Department of Psychology, Louisiana State University. Seven stipends have been issued in psychology and two in social work. Departments of psychiatry unable to accept additional students until fall term of 1957.

MORE STATES REPLY TO THE QUESTION....

from the South

Persons receiving stipends sign an agreement to work for the state for one year following completion of training. Stipend recipients will be placed in mental hospitals to supplement staff. Stipends also available for training in occupational and recreational therapy. Department has special appropriation for tranquilizing drugs.

Jesse H. Bangston, Director
State Department of Hospitals

MISSISSIPPI

Reply not received in time for publication.

NORTH CAROLINA

Following establishment of Board of Control in 1945 a long range planning committee surveyed situation and initiated a building and rebuilding program in which 50 million has been spent during last ten years. This program is not yet finished but is already showing great improvement in North Carolina mental health situation.

Operational costs including maintenance and treatment have increased from a million to 12½ million. There is more emphasis on treatment than custodial care and this year shows as a result a reduction in number of daily residents and a shorter stay of new admissions.

James W. Murdoch, M.D.
General Superintendent
North Carolina Hospitals
Board of Control

SOUTH CAROLINA

South Carolina State Hospital for 1955-56 operated on a per diem cost of \$2.25. Appropriation for 1956-57 is estimated to be \$2.26. This small increase forces us to continue providing minimal standard patient care. Have made

requests for per diem of \$2.66 for 1957-58 to increase standards of patient care and provide salary increases for hospital employees. In spite of slight increase in appropriations, have been able to enlarge our psychological staff from one psychologist to seven. Anticipate this staff assisting the medical staff in providing better professional care and engaging in research.

Director of music therapy has been added and ten additional psychiatric aides. Two physicians have been added to the medical staff. Additional funds are needed to increase the medical staff as well as ancillary service to improve standards of patient care.

W.P. Beckman, M.D.
State Director of Mental Health

TENNESSEE

One of the major improvements made possible in Tennessee was the initiation of a program of chemotherapy utilizing the new tranquilizing drugs. However, the use of tranquilizing drugs alone without additional treatment leads to disappointment.

We believe a great increase in professional staff is required to achieve maximum benefit from these chemicals. A carefully planned resocializing and rehabilitative program is necessary to help patients who have had a long hospitalization so that they may fit comfortably into the family circle and community.

With funds already made available we have been able to initiate a rehabilitation program in cooperation with the office of vocational rehabilitation, to install departments of psychology and social work in the state hospitals to conduct the first summer camp ever held for long term mental hospital patients with consequent dramatic recovery rates and to initiate group therapy for mental hospital patients with substantial increases in remission statistics so that nearly two-thirds of our patients leave the mental hospitals within a year of admission.

However, further funds for psychiatrists, other physicians, and added professional personnel are critically needed. With such funds we can increase recovery rate to at least 80 per cent and begin to reduce mental hospital popu-

lations. This would mean a substantial saving both in lives and tax dollars.

Cyril J. Ruilmann, M.D.
Commissioner
Department of Mental Health

VIRGINIA

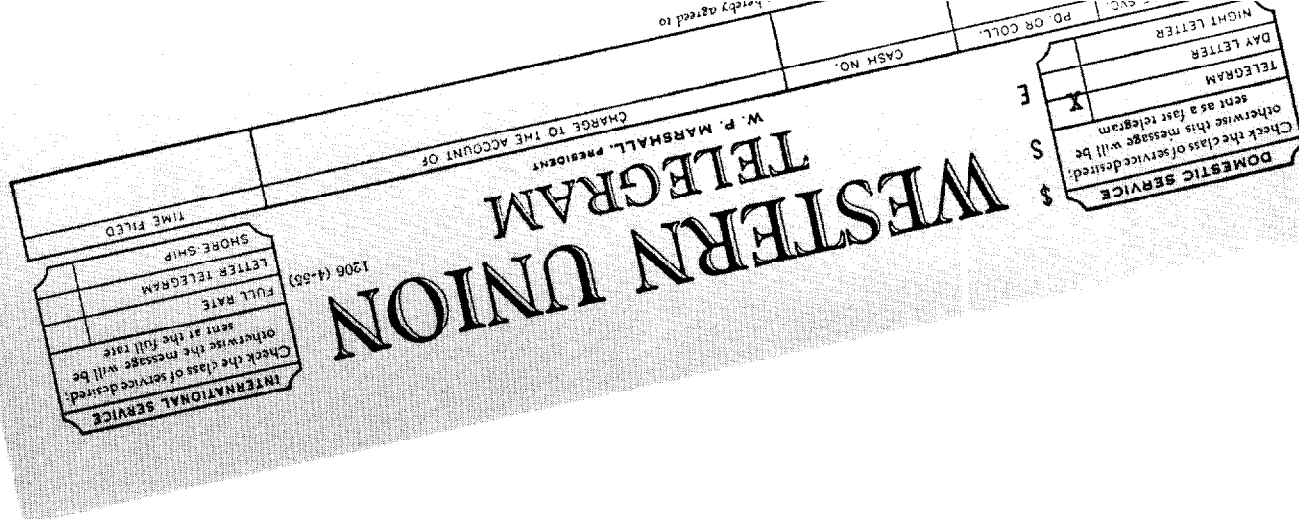
Reply not received in time for publication.

WEST VIRGINIA

We find that intensive psychotherapy by skilled staff psychiatrists is more indicated now than ever before because the tranquilizing drugs prepare patients so that they can be reached by psychotherapy and their improvement maintained and stabilized on a permanent basis. Our results in greatly disturbed patients were remarkable and we estimate that there was a 35 to 38 per cent increase in discharges among patients getting the drugs. In Lakin State Hospital, for example, discharges were 66 per cent higher in 1955 than in 1954.

James M. Donohoe, President
West Virginia Board of Control
Health Department





ILLINOIS

Due to increase in appropriations, the following progress in care of mental patients is reported: all patients are now sleeping in beds. Several hundred previously sleeping on floors. Team approach to patient treatment has assisted in reduction in patient population for the first time in history of department.

\$1,082,721 has been spent or requisitioned for tranquilizing drugs for the period ending March 31, 1957. At the present rate of expenditure we estimate a total expenditure of \$1,182,721 by June 1957.

The department now operates 46 mental health clinics and finances 20 community clinics—three times more than were aided in 1953. Family care placement program has been increased to include about 700 patients. 5,000 citizens in our volunteer program. Full time volunteer service supervisor at each hospital.

Over 13,000 employed by the department. Continuous in-service training programs for hospital workers. State-wide nurse recruitment program including tuition, fees, and stipends for 200 student nurses. Residency training program in psychiatry, psychiatric nursing, educational grants for physicians, nurses, psychologists, occupational and recreational therapists, social workers, and hospital administrators.

\$2,405,094 appropriated for research projects 1955-57. \$8,000,000 research and training hospital started and coordinated with Illinois' five medical schools.

Otto L. Bettag, M.D.
Director
Department of Public Welfare

INDIANA

We have used the tranquilizing drugs for about a year. Within the last eight months we have considerably accelerated these drugs, particularly [chlorpromazine]. A survey of our institutions in January, indicated that approximately 20 per cent of our 14½ thousand patients were receiving the drugs.

Since that date the increased availability of

the drugs has permitted a wider usage. Discharges increased by 98.6 per cent, convalescent leaves increased 100.2 per cent, leave of absence 190.7 per cent. Do not believe this was achieved by drugs but rather to increase in professional personnel and better over-all treatment.

Margaret E. Morgan, M.D.
Commissioner of Mental Health

IOWA

Increased appropriations permit forty hour week for state hospital employees making the attendance program much better. Have increased the professional and attendant staff throughout. Plans laid for an intensive research and training program with the University of Iowa Medical School and Iowa Psychopathic Hospital more stepped-up in-training program. Understaffed in the following professional staff: Psychiatrists, psychologists, nurses, and special therapists. Shortage of professional personnel due to availability of trained personnel and our inability to meet the pay scale offered by the federal government and some other states. While admissions doubled the past few years the entire population of all mental institutes lowest in many years due to out-patient clinics and advanced treatment program. Part of this reduction due to transfers to county facilities in keeping with stepped-up program. Have also devoted considerable money to capital improvements. Our askings to next legislature have been increased approximately twenty-five per cent.

Robert C. Lappen
Member, Board of Control
State House

KANSAS

In Kansas, state mental hospitals training programs financed by a special appropriation have increased professional personnel by the following percentages between 1952 and 1956: Physi-

cians 81 per cent; registered nurses 97 per cent; aides and attendants 15 per cent; psychologists 40 per cent; social workers 107 per cent.

In same period mental hospital admissions have increased 100.5 per cent; discharges have increased 127.5 per cent; and average resident patient population has decreased 8.7 per cent. Average population by years:

1952—4,849; 1953—4,705; 1954—4,551;
1955—4,462; 1956—4,427.

Daily cost per patient has increased 41.2 per cent, but operating expenses per patient released alive has decreased 42.2 per cent.

Of the 1,040 first admissions during fiscal year 1955, the following dispositions had been made within one year: still in hospital 25.77 per cent; discharged 37.02 per cent; on trial visit 23.56 per cent; in family care 5 per cent; deaths and otherwise absent 8.65 per cent.

George W. Jackson, M.D.
Director of Institutions

MICHIGAN

In 1955 the Michigan legislature, cognizant of possible advantages both in patient treatment and in more economical functioning of non-treatment aspects of hospital operation, appropriated \$175,000 for a program of chemotherapy utilizing these special drugs in state institutions for the mentally ill, mentally deficient, and the epileptic.

Results appear to reinforce the statements of psychiatrists that the two [tranquilizing] drugs under study have their greatest effect in improving the adjustment of the patient, but not necessarily to the extent that he can leave the hospital.

[With these drugs] patients become less combative, hostile, and agitated. This behavioral change was reflected in ward operation through a decrease in the need for seclusion and shock therapy and an increase in ground paroles. Patients began to participate in more ward and hospital activities and less frequent destruction of property.

V.A. Stehman, M.D.
Deputy Director, Michigan Dept.
of Mental Health

MORE STATES REPLY TO THE QUESTION

from the Middle West

MINNESOTA

Of a total of 4,434 discharges during 1955 (including inebriates) tranquilizing drugs might be considered as responsible for 209 discharges and contributory in 305 discharges. At best these drugs seem to relieve symptoms rather than cure. Disturbed wards are less crowded, but "open" wards are more crowded. More nursing and other personnel are needed to care for the increased number of patients, who as a result of use of tranquilizing drugs are able to participate in other activities and treatment programs.

Specific progress now and on a long-term basis is being made with the appropriation for training and research which was slightly increased this past biennium. This appropriation is expended for a psychiatric residency program, psychiatric social worker, and psychiatric nursing post-graduate training.

Dale C. Cameron, M.D.
Medical Director
Department Public Welfare
State of Minnesota

MISSOURI

The attitude and emotional moods of our patients have changed decidedly since the use of the tranquilizing drugs. Restraints are now used almost exclusively on bed wards to keep patients from falling out of bed and for their own protection. Patients who formerly required restraints, are working on the wards.

Six visiting clinics are working from each state hospital and two from St. Louis State Hospital, in time, should more than justify expenses. Will do world of good preventing patients going to hospital. Increased salaries helping greatly to secure all types of personnel. We have no complaint about volunteer help. It has been good. Drugs, therapies, etc., improving hospital morale.

For safety of patients and institutions now have full time director of safety and fire prevention. The few [safety] classes we had prior to fire at Fulton State Hospital in March can be credited largely for safe evacuation of 750

patients without injury or loss of life.

R.C. Rouss Gallop, Director
Missouri Department of
Public Health and Welfare

NEBRASKA

Past three legislatures appropriated increased amounts to improve treatment, provide money for training, and research. These funds made it possible for Nebraska to develop dynamic training program for all mental health professions and vigorous research plan both centered in new psychiatric institute—number of trained psychiatrists in state institutions doubled, nurses tripled, occupational therapists, recreational therapists, and E. E. G. technicians added.

Indications are that within five years Nebraska will exceed current goal of 70 per cent A.P.A. standards. Number of patients in state hospital has been reduced. At same time, more people treated. Need for recommended additional state hospital obviated.

We are now at a critical point in our development. If current request for 3.3 per cent of operating budget is granted for training and research, we can amply meet Nebraska's needs. Should less be appropriated the program is imperiled.

Cecil Wittson, M.D.
Director of Mental Health

NORTH DAKOTA

The 1955 North Dakota legislative assembly provided money in the amount of approximately three dollars per patient per day. With this we are able to modestly increase our professional staff and provide better care and treatment to our patients.

This means in two years a reduction of patient census from 2,100 to 1,850, it means the opening of an out-patient department, it means better diets, more recreation, better diagnostic medical and surgical services, it means a sharp increased use of tranquilizing drugs. Finally, it means that patients can come to the hospital, be treated and return home within a few months,

(average 2½ months) rather than years.

The proper financing of any mental hospital is certainly a justified expense for any state that feels a compassion and sense of humanity towards these thousands of mentally ill throughout our land.

Russel O. Saxvik, M.D.
Superintendent State Hospital

OKLAHOMA

Since Oklahoma's legislative session closed in June 1955 the number of patient's in the states' mental hospitals has been reduced from 8,000 to 7,600 although trends established prior to 1954 indicated a probable patient load of 8,600 by 1957.

Record high admission rates during the period were more than off-set by even higher release rates. Care and treatment has improved in recent years to the point where four of every five new patients are now being released less than 12 months after admission.

The hospitals, though still understaffed, have also been able, through the use of tranquilizing drugs and other new therapies, to devote more individual attention to long-term patients. If the 1,000 additional patients estimated for 1957 were suddenly hospitalized it would cost the taxpayers an additional \$900,000 yearly at the present level of operation. Since these 1,000 patients are now productive citizens it is evident that increased appropriations are justified.

Hayden H. Donahue, M.D.
Director
Department of Mental Health

SOUTH DAKOTA

1955-57 appropriations: operation and maintenance hospitals \$4,477,500; buildings \$400,000; mental health \$15,000; nurse training \$150,000; instruction of exceptional children \$50,000; total \$5,092,500.

State department participating in mental health: board of charities and correction, com-

from the Middle West (continued)

mission for control of feeble minded, public health, public instruction, nurse examining board. Also S. D. Mental Health Assoc., S. D. State Nurses Assoc., Clergy, Hospital Assoc., Medical Assoc., County-Local Mental Organizations and others.

Budget increases afforded improved patient treatment, rehabilitation, promotion county district mental health clinics, attendance interstate national conferences, in-service training, psychiatric nurse training, vocational therapy, increased wage scales, improved housing, roads and grounds. 1955-57 appropriations insufficient to employ sufficient trained personnel, additional psychiatrists, psychologists, consultants, nurses, attendants, chaplains, recreational and vocational therapists.

Back ward patients need attention, recreational therapy and rehabilitation. Public interest increasing. Additional funds to staff hospitals urgent. 1957-59 biennium requests: hospitals \$5,917,300; mentally handicapped \$100,000; nurse training \$150,000; mental health program \$15,000; buildings \$2,038,521; total \$8,220,821.

All legislators, members of press and radio and state officers invited to visit hospitals in December prior to session. Detailed report on all institutions will be distributed to legislators prior to session.

R.S. Wallace
Executive Director
State Board of Charities and
Correction

WISCONSIN

Increased appropriations have helped modernize hospital buildings thus facilitating milieu and interpersonal therapy. Increased staff for state hospitals and colonies comes closer to individual treatment level. Consultant team to county hospitals increasing community placements and developing higher levels of care and activities program.

Better facilities and a positive program together with higher payment helping recruitment.

Cooperative educational program with university helping in psychiatric residency at higher stipend level. Coordination with community programs especially for children and youth laying foundations for prevention.

As Governor Kohler puts it, "In addition to having a quieting effect upon the patient, the use of tranquilizing drugs has proven a strong factor in morale of hospital employees and of the families of the patients. While the drugs are valuable adjuncts, they merely expedite but do not replace the main lines of psychiatric therapy which are interpersonal in the form of psychotherapy and case work follow-up.

"In many cases, it has not been possible for the hospitals to fully exploit the added opportunities for various interpersonal therapies which are opened up by these drugs, because of lack of professional personnel."

Leslie A. Osborn, M.D.
Director
Division of Mental Hygiene
Department of Public Welfare

Interview with Dr. Overholser (continued from page 3)

COSTS

Q Does this make the treatment of mental patients more, or less, expensive?

A It makes treatment more expensive, but the prospects of earlier discharge warrants the expense.

Q What should be the minimum ratio of doctors to patients in our state mental hospitals?

A We have the American Psychiatric Association Standards to go by. The types of patients to be treated has to be taken into consideration.

Admissions: 1 doctor to 30 patients
Continued treatment: 1 doctor to 150 patients
Medical and

surgical service: 1 doctor to 50 patients
Geriatric service: 1 doctor to 150 patients
Tuberculosis service: 1 doctor to 50 patients

Q How about the minimum ratios of some of the other hospital workers to patients receiving intensive care?

A Here again the American Psychiatric Association has set up standards to go by for intensive treatment and admissions. They are:

Nurses: 1 to 5 patients
Attendants: 1 to 4 patients

Occupational Therapists: 1 to 100 patients
Occupational, Recreational
Aides: 1 to 40 patients
Social Workers: 1 to 80 patients

Q Would you care to comment as to whether most of our state hospitals have achieved these ratios?

A I do not know of any off-hand that have achieved the ratios of doctors to patients. But I believe that approximately 6 per cent of the mental hospitals inspected by the A.P.A. have merited approval when measured by the second set of standards.

TREATING OUTPATIENTS

Q Would you comment on the need for outpatient clinics, which so many state mental health officials speak of?

A Outpatient clinics are needed for early treatment on an ambulatory basis as a means of preventing the need of later hospital care.

Q What kinds of help does a discharged patient need and how much of the cost of this should be borne by a state mental hospital?

A Helps to discharged patients involve working toward understanding by his family, friends, and

employer, rehabilitative services and outpatient facilities. These are logically part of the continued treatment he should receive for full recovery.

Q To your knowledge, is this assistance to discharged mental patients being dealt with adequately in most states?

A Probably not. We have a long way to go on this phase of our program.

RESEARCH

Q Is as much being spent for research in the field of mental health as in other fields—say, cancer?

A Not at all.

Q How vital do you consider the need for added research in mental health?

A I consider the need for continuous research in the field of mental health most necessary and urgent.

Q To sum up, what do you indicate as the most important needs in treatment of mental illness and programing for mental health today if real progress is to be made?

A More research, more personnel, more really adequate clinics, and rehabilitation services are all greatly needed. **[END]**



forecast

Although legislative support of mental health programs has expanded so rapidly in the past few years that it is hard to keep up with all the new developments, the following significant trends should continue during the coming biennium:

1. The states will appropriate greatly increased sums for psychiatric research, with increased emphasis on physiological research. A major trend is the construction of large state institutes devoted to psychiatric research. Michigan has led the way in this development, with Indiana recently dedicating a large institute and Illinois now constructing one in Chicago.

It is hoped that the construction of psychiatric research laboratories will receive greater impetus from the action of the 1956 U.S. Congress in appropriating matching monies, over a 3-year period, for the construction of health research facilities.

2. The training of psychiatric personnel will probably receive even greater attention and legislative support than that of research. Increasingly, the states are coming to the realization that it is their responsibility to train their native sons in the psychiatric disciplines. There is a growing trend toward more state-supported stipends for psychiatric residents and other psychiatric trainees. Furthermore, there is an increasing awareness of the need for state legislatures to subsidize medical schools so that they can carry on an expanded program of psychiatric training.

3. The next several years should see the development of more specific drugs in the treatment of certain kinds of mental illness. The action of the 1956 U.S. Congress in appropriating \$2 million for a nation-wide evaluation of the new tranquilizing drugs has spurred a number of similar efforts at the state and local level.

4. There is a growing trend toward the support of psychiatric services in the community. The past focus on the state mental hospital as the only treatment resource is giving way to an increased emphasis on psychiatric facilities in the heart of the community. For example, in New York and Pennsylvania appreciable legislative appropriations go to the support of psychiatric services in general hospitals.

Allied to this development is an increasing emphasis upon the training of the general practitioner in psychiatric skills. Since the shortages of psychiatric personnel will be with us for at least another decade, a number of states are studying ways in which to tie the general practitioner into the state mental hospital system, the community mental health clinics, and the after-care of discharged patients.

5. There is also a heartening development toward regional cooperation, particularly in the fields of cooperative psychiatric research and training. The Southern Governors' Conference has pioneered in this area, and the Western Governors' Conference has recently completed a massive survey leading in the same direction.

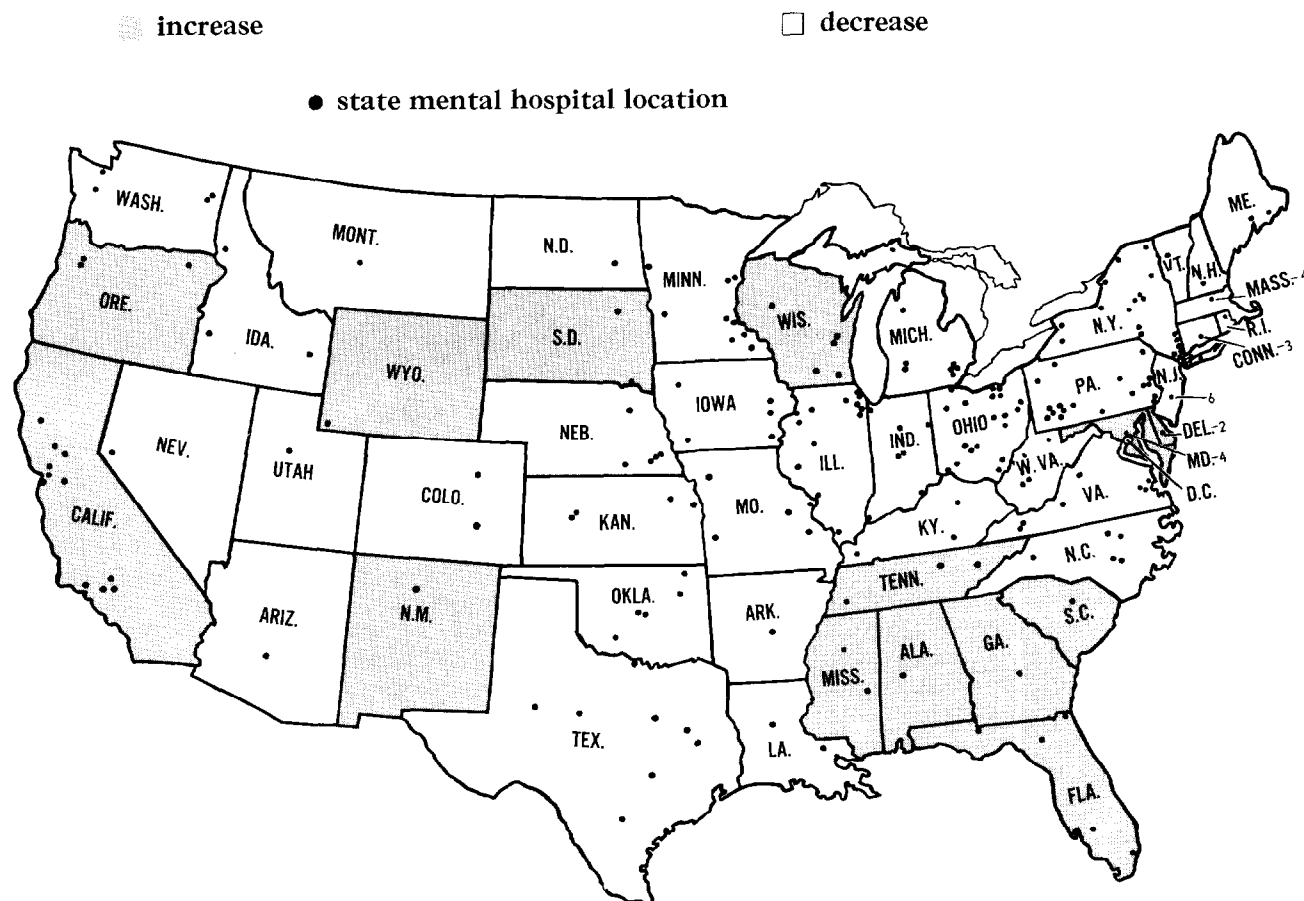
From the point of view of the economy-minded legislator, what will it cost to support these exciting developments? During the next few years, there will probably have to be an appreciable increase in state mental health budgets. While the new drugs and other therapies have led to a remarkable increase in discharge rates, they have also created the demand for thousands of additional psychiatric personnel to treat and return to the community untold numbers of mental patients, up to now considered hopeless.

In the long run, however, there is no doubt that increased expenditures for research and training will pay off in the reduction of the number of patients in our state mental hospitals. We have only to look at the research successes against tuberculosis, which have closed TB-hospitals all over the country in the past four years, to realize that the same thing can be done for mental illness if we spend enough money to use present treatments, to find new ones, and to train the people to apply them.

What if we choose not to spend additional monies for treatment, research, and training during the coming biennium? The alternative is stark and clear. The states will have to continue to spend approximately \$350 million a year to construct additional buildings to house the ever-increasing flow of mental patients. The research which developed the new drugs has begun to cut down the resident population, but it will have to be greatly accelerated if we are to win the war against mental illness.



PERCENTAGE CHANGE IN RESIDENT PATIENT POPULATION IN PUBLIC MENTAL HOSPITALS (DIFFERENCE AT END OF YEARS 1955 AND 1956*)



State	% Difference	State	% Difference	State	% Difference	State	% Difference
District of Columbia	—5.8	Arizona	—3.0	Nebraska	—1.5	California	+0.3
Kentucky	—5.6	Washington	—2.8	Michigan	—1.4	Florida	+0.5
North Dakota	—5.4	Colorado	—2.7	Illinois	—1.3	Wisconsin	+0.5
New Hampshire	—4.9	Idaho	—2.7	New Jersey	—1.2	South Dakota	+0.6
Massachusetts	—4.7	Arkansas	—2.5	Rhode Island	—1.2	Delaware	+0.7
Vermont	—4.6	Pennsylvania	—2.4	Minnesota	—0.8	Alabama	+1.1
Utah	—4.3	Virginia	—2.4	Kansas	—0.6	Georgia	+1.2
Indiana	—4.0	Missouri	—2.2	Maine	—0.5	Mississippi	+1.2
Iowa	—4.0	Oklahoma	—2.2	New York	—0.5	Wyoming	+1.7
West Virginia	—3.8	Ohio	—2.1	Nevada	—0.2	Oregon	+1.9
Montana	—3.1	North Carolina	—1.7	Louisiana	—0.0	New Mexico	+2.0
Texas	—3.1	Connecticut	—1.5			South Carolina	+2.6
						Maryland	+4.5
						Tennessee	+5.7

*From "Selected Tables on Resident Population, Finances and Personnel in State Mental Health Programs"—December, 1956. Interstate Clearing House on Mental Health, Council of State Governments.

This report was prepared by your National Mental Health Committee with the support of the Mental Health Education Unit, Smith, Kline and French Laboratories, Philadelphia.
 Additional copies may be obtained by writing to the Committee, 1129 Vermont Ave., N.W., Washington, D.C.